LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME:		NAIC Company Code:
Contact:	Telephone:	E-MAIL:
REQUIRED FILINGS IN THE STATE OF:	ARIZONA	Filings Made During the Year 2006

(1)	(2)	(3)	(4) NUMBER OF COPIES*		ODIE0*	(5)	(6)	(7)
Check -list	Line #	REQUIRED FILINGS FOR THE ABOVE STATE		nestic	Foreign	DUE DATE	FORM SOURCE	APPLICABLE NOTES
iiot	"	REGUIRED FIEMOUT ON THE ABOVE OTHER	Doi		roreign	DOL DATE	**	140120
			State	NAIC	State			
	1	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½"x14")	2	1	1	3/1 Foreign	NAIC	A through U
	'	Affilial Statement (6 /2 X14)	2	'	'	3/31 Domestic	NAIC	Attiloughto
	1.1	Printed Investment Schedule detail (Pages E01-E26)	2	1	XXX	3/1 Foreign	NAIC	
		0 1 5 1 10 1 10 1				3/31 Domestic	11110	5.0.11
	3	Quarterly Financial Statement (8 ½" x 14") Separate Accounts Annual Statement (8 ½"x14")	2	1	XXX 1	5/15, 8/15, 11/15 3/1 Foreign	NAIC NAIC	F, O, U
	3	Separate Accounts Annual Statement (6 /2 X14)	2	'	'	3/31 Domestic	IVAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	1	1	4/1	NAIC	
	11 12	Credit Insurance Experience Exhibit Interest Sensitive Life Insurance Products Report	2	1	1	4/1	NAIC NAIC	0
	13	Investment Risk Interrogatories	2	1	XXX 1	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base	2	1	XXX	4/1	NAIC	
		Reconciliation Exhibit				·		
	15	Life, Health & Annuity Guaranty Assessment Base	2	1	XXX	4/1	NAIC	
	16	Reconciliation Exhibit Adjustment Form Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	1	4/1	Company	0
	18	Medicare Supplement Insurance Experience Exhibit	2	1	XXX	3/1 Foreign	NAIC	
		·				3/31 Domestic		
	19	Risk-Based Capital Report	1	1	XXX	3/31 Domestic Only	NAIC	O, R
	20	Schedule SIS	2	N/A	N/A	3/1 Foreign 3/31 Domestic	NAIC	
	21	Statement of Actuarial Opinion	2	1	1	3/1 Foreign	Company	
		Claternonic of Alexandr Opinion	_			3/31 Domestic	Company	
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	1	3/1 Foreign	Company	
	23	Statement on par/non-par policies – Exhibit 5 Int. 1.1	2	1	1	3/31 Domestic 3/1 Foreign	Compony	
	23	Statement on par/non-par policies – Exhibit 5 Int. 1.1	2	'	'	3/31 Domestic	Company	
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1 Foreign	NAIC	
						3/31 Domestic		
	25	Supplemental Schedule O	2	1	XXX	3/1 Foreign 3/31 Domestic	NAIC	
	26	Trusteed Surplus Statement - ANNUAL STATEMENT	2	1	xxx	3/1 Foreign	NAIC	
	20	Trusteed Surplus Statement - ANNOAL STATEMENT		'	^^^	3/31 Domestic	IVAIC	
	07	QUARTERLY STATEMENT	1	1	XXX	5/15, 8/15, 11/15	NAIG	
	27	Workers' Compensation Carve Out Supplement	2	1	1	3/1 Foreign 3/31 Domestic	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS				0/01 Domestic		
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1 Foreign	NAIC	0
		-				3/31 Domestic		
	31	March .PDF Filing	XXX	1	XXX	3/1 Foreign 3/31 Domestic	NAIC	0
	32	Risk-Based Capital Electronic Filing	XXX	1	XXX	3/1 Foreign	NAIC	0
	02	Non Based Supital Electronic Filling	***		***	3/31 Domestic	10,40	
	33	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	0
	34	Separate Accounts .PDF Filing	XXX	1	XXX	3/1 Foreign	NAIC	0
	35	Supplemental Electronic Filing	ww	1	WW	3/31 Domestic 4/1	NAIC	0
	36	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	0
	37	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	0
	38	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	0
	39	June .PDF Filing	XXX	1	XXX	6/1	NAIC	0
	ļ <u></u>	IV. AUDITED FINANCIAL STATEMENTS	1			0/1	<u> </u>	
	51 52	Accountants Letter of Qualifications Audited Financial Statements	1	N/A	N/A	6/1 6/1	Company	0
	53	Audited Financial Statements Audited Financial Statements Exemption Affidavit	1	N/A	1 1	6/1	Company Company	0
	54	Independent CPA	1	N/A	N/A	6/1	Company	
	55	Notification of Adverse Financial Condition	1	N/A	1	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	6/1	Company	
	57	Request for Exemption to File	1	N/A	N/A	5/31	Company	
	401	V. STATE REQUIRED FILINGS				0.4	01.1	
	101	Certificate of Compliance	0	0	1	3/1 3/1	State State	
	102 103	Certificate of Deposit Certificate of Valuation	0	0	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	0	1	0	3/1 Foreign	State	
		, , , ,				3/31 Domestic		
	105	Premium tax	1	0	1	3/1	State	D
	106	State Filing Fees	1	0	1	3/1 Foreign 3/31 Domestic	State	C, Q

107	Signed Jurat ANNUAL STATEMENT	0	XXX	0	3/1 Foreign 3/31 Domestic	NAIC	L
108	Certificate of Disclosure Form E-178	2	0	1	3/1 Foreign 3/31 Domestic	State	F, O
109	Annual Statement Filing Worksheet E-Worksheet.Domestic	2	0	0	3/31	State	0
110	Annual Statement Filing Worksheet E-Worksheet.Foreign	0	0	1	3/1	State	0
111	Audited Financial Report Filing Transmittal Form E-AFR	1	0	1	6/1	State	0
112	Credit Life & Disability Insurance Experience Report to Life and Health Division, call 602-912-8460 if you have questions about completing the form	1	0	1	4/1	State	0
113	Form B & C Insurance Holding Company Registration Statement	1	0	N/A	3/31	Company	Т
114	HIPAA Reports to Life and Health Division, call 602-912-8460 if you have questions about completing the form.	1	0	1	3/1	State	0
115	Management Discussion and Analysis Transmittal Form E-MDA	2	0	1	4/1	State	0
116	Records Location Information Form E-176	1	0	0	3/1	State	0
117	State Page	2	1	1	3/1 Foreign 3/31 Domestic	NAIC	S

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

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^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

If "0" in Domestic State, NAIC or Foreign State column filing is not required

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	OBTAIN AND READ DEPARTMENTS DETAILED INSTRUCTION ON OUR WEB SITE at http://www.id.state.az.us/annforms.html
_	Described Filiana Contact Description	
Α	Required Filings Contact Person:	Rose McNabb (602) 364-3985 or E-mail address rmcnabb@id.state.az.us
В	Mailing Address:	Arizona Department of Insurance
P	ivialing Address.	Attn: Annual Statement Coordinator
		Financial Affairs Division
		2910 North 44 th Street, Suite 210
		Phoenix, AZ 85018-7269
С	Mailing Address for Filing Fees:	Arizona Department of Insurance
	Foreign due 3/01.	Attn: Tax Unit
	Domestic due 3/31.	Financial Affairs Division
	Amounts vary and are specified in Tax and Fees Report	2910 North 44 th Street, Suite 210
	forms on our web site at	Phoenix, AZ 85018-7269
	http://www.id.state.az.us/taxforms.html	
D	Mailing Address for Premium Tax Payments:	Arizona Department of Insurance
		Attn: Tax Unit
	Annual Premium Tax due date is 3/01.	Financial Affairs Division
	First Installment Tay due date is 2/45	2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269
	First Installment Tax due date is 3/15.	Contact Persons for Annual Premium Taxes:
	Obtain Tax and Fees Report forms on our web site at	Gordon Thoreson (602) 364-3245 or
	http://www.id.state.az.us/taxforms.html	Richard Johnson (602) 364-3247
	nttp://www.idi.state.uz.us/taxiornis.ntmi	Contact Person for Installment Tax:
		June Denise Bittner (602) 364-3246
E	Delivery Instructions:	DOMESTIC COMPANIES DUE 3/31
		FOREIGN COMPANIES DUE 3/1
		All packages must bear U.S. postmark or courier service
		pick-up date no later than the indicated due date.
		If the due date falls on a weekend or holiday, then the
		deadline is extended to the next business day.
F	Late Filings:	Penalties are assessed to date of receipt as follows:
		Up to \$25.00 per day – Annual Statement, Actuarial
	License will be summarily suspended if renewal fee is not	Opinion, Management Discussion and Analysis, annual
	paid when due or if financial condition is unknown due to	fees or other deficiencies described in Forms
	failure to file annual statement.	E-INSTRUCTION.DOMESTIC and E-INSTRUCTION.FOREIGN.
		Up to \$25.00 per day – Certificate of Disclosure Form
		E-178.
		Up to \$100.00 per day – Quarterly Statements.
		Up to \$25.00 per day – Audited Financial Report.
		In all cases, the Department of Insurance uses the day of
		the postmark as the date filed.
G	Original Signatures:	DOMESTIC: Original signatures are required on all filings
		except for the Duplicate Annual Statement.
		FOREIGN: Signers names and titles must appear on
		Jurat Page, but original signatures are not required.
Н	Signature/Notarization/Certification:	NOTARIZED SIGNATURES OF AT LEAST
		TWO (2) EXECUTIVE OFFICERS, WHO ARE
.	A 1.150	LISTED ON THE JURAT PAGE.
	Amended Filings:	Amended items must be filed within 10 days of their
		amendment, along with an explanation of the amendments. If there are signature requirements for the
		original filing, same should be followed for any
		amendment.
J	Exceptions from normal filings:	EXEMPTIONS:
ľ	Exceptions from formal mings.	Annual Statement filing exemption – NONE.
1		AFR exemptions according to NAIC Annual Statement
		Instructions or domestic companies use Form E- AFR.OHE for instructions, guidelines and sample
		Instructions or domestic companies use Form E-
		Instructions or domestic companies use Form E-AFR.OHE for instructions, guidelines and sample

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K	Bar Codes (State or NAIC)	NAIC instructions.
L	Signed Jurat	Not applicable. All insurers must file hard copy
		Annual Statement.
М	NONE Filings:	Every page of the annual statement should be
		accounted for in consecutive page number order. If
		several consecutive pages are "None," or, in case
		of some investment schedules which are not filed in
		hard copy in all states, the appropriate page
		numbers with exhibit or schedule headings may be
		listed on one page and the page inserted in the
		appropriate location in the annual statement.
		See NAIC Annual Statement Instructions for
		Supplemental Interrogatories. Exceptions to these
		instructions are noted on the form.
		All State forms must be completed or stamped "None" if no entries are on the form, and returned
		as instructed.
N	Filings new, discontinued or modified materially since	See Forms E-INSTRUCTION.DOMESTIC and E-
IN	last year:	INSTRUCTION.FOREIGN
0	Detailed filing instructions and forms:	See Forms E-INSTRUCTION.DOMESTIC and E-
0	Available on our web site at	INSTRUCTION.FOREIGN
	http://www.id.state.az.us/annforms.html	INOTHER TICKET
Р	DISKETTE FILINGS:	Diskette Filings are not required with Arizona.
		Must be filed with the NAIC if not filing via Internet.
Q	State Filing Fees:	Refer to the Tax Report Forms and Instructions
	See notes C and D.	available on our web site
_		http://www.id.state.az.us/taxforms.html
R	Risk-Based Capital:	DOMESTIC INSURERS ONLY:
		Must file with NAIC by 3/1 and with Arizona
		Department of Insurance 3/31. See Form
S	State Bage	E-INSTRUCTION.DOMESTIC.
3	State Page	<u>Domestic</u> - Must file all State Pages where insurer is transacting business.
		Foreign: Must file Arizona State Page only.
Т	Form B and C Insurance Holding Company System	DOMESTIC INSURERS ONLY:
•	Registration Statement.	Refer to Forms E-185, E-185B, E-185C, E-185D, E-
	- region succession	185XD and E-110, available on our web site at
		http://www.id.state.az.us/corp_misc.html
U	Quarterly Financial Statements	Foreign Insurers except Mortgage Guaranty
		Insurers ARE NOT REQUIRED to file Quarterly
		Statements with the Arizona Department of
		Insurance. Foreign Insurers must file quarterly
		statements with NAIC and state of domicile.

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General Instructions For Companies to Use Checklist

Please Note:

This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies, but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the **Annual Statement Instructions**. This includes all detail investment schedules and other supplements for which the **Annual Statement Instructions** exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly** .PDF Filing is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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